

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

107030139

Brooker

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		CLAIMS					
IND.	DER.	IND.	DER.	IND.	DER.	*		*		*	
						IND.	DER.	IND.	DER.	IND.	DER.
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48						98					
49						99					
50						100					
TOTAL IND.						TOTAL IND.					
TOTAL DER.						TOTAL DER.					
TOTAL CLAIMS						TOTAL CLAIMS					

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMMENDMENTS

FCP

(REV. 3-78)

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